

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

October 28, 2002

Re: IRO Case # M2-02-1109-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 44-year-old female who fell when she was hit in her right foot by a pallet. She developed pain in her back and right lower extremity. The pain was initially in her hip, but soon extended into her entire lower extremity. She had a history of similar difficulties for which she had had surgery in 1988 and 1989. Physical therapy and chiropractic treatment were unsuccessful in relieving her pain. The pain continues primarily in her right lower extremity, but also extends into the left buttock. Findings are difficult to interpret because of the patient's previous problems. It is fairly definite, however, that the patient has a left L5 deficit on exam. A CT scan shows probable difficulty on the left side of L5-S1, and various other changes, but nothing distinctly corresponds to the patient's symptoms.

Requested Service

Lumbar myelogram, CT scan

Decision

I disagree with the carrier's decision to deny the requested CT myelographic evaluation.

Rationale

Lumbar CT myelographic evaluation may well be helpful in coming to conclusions about anything that may be correctable from a surgical standpoint. The patient has had continued pain despite conservative measures. It is extremely difficult to reach conclusions for further therapeutic recommendations from findings because of the patient's previous major difficulties, and some inconsistencies between physical findings and symptoms and diagnostic testing. Under these circumstances, lumbar myelographic evaluation with CT scanning is often beneficial in reaching therapeutic conclusions.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,